

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-14-03.

### I. DISPUTE

Whether there should be reimbursement for CPT Code 01999.

### II. FINDINGS

The respondent denied reimbursement based upon “G – Reimbursement for this procedure is included in the basic allowance for another procedure.”

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-14-03	01999	\$200.00	\$0.00	G	DOP	Unlisted Anesthesia Procedure	<p>Per the EOB and HCFA the requestor billed for injection of nerve block, CPT codes 76000, 64442 and 64443, as well as, 01999, on this date. The requestor did not bill for any other anesthesia procedure.</p> <p>A review of the report indicates procedure started at 1336 and stopped at 1350 = 14 minutes.</p> <p>The report indicates under heading Medication/Dosage the time of 1333 to 1344 = 11 minutes.</p> <p>The HCFA1500 indicates 1 unit.</p> <p>Per Anesthesia GR (I)(B) and (V)(B-C) the provider should bill the base value, any modifiers and time. The HCFA does not contain modifiers or time units. 01999 does not have a base value.</p> <p>Requestor supported position that amount billed was fair and reasonable, reimbursement of \$200.00 is recommended.</p>

#### IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (01999) in the amount of **\$200.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$200.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision are hereby issued this 28<sup>th</sup> day of December 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division